

Inventory / CCP Tracking Report

Printed By : ILENE MORALES

Printed Date : 1/27/2005

Facility :	FA0029134	FRED R RIPPY INC	Phone : 562-698-9801
		12471 E WASHINGTON BLVD	WHITTIER 90602
Owner :	OW0029134	CareOf: CAROL CASTILLO	Work Phone : 562-698-9801
	FRANCINE H RIPPY	DBA: FRED R RIPPY INC	Home Phone : Not Specified
	12471 E WASHINGTON BLVD		
	WHITTIER	CA 90602	

Cert Mail :

Dunn / Brad : 008277394

SIC : 3469 Metal stampings, nec

Program Element : 3001 HM HANDLER, FEE GROUP 01
01

Previous Record : TBA

District : SOUTHEAST

Station : 028

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

H

Report Year	2004	1/27/2005
Package Sent Date	11/8/2004	
Package Received Date	12/2/2004	
Correction Notice Sent Date		
Correction Received Date		
Note	FRANCINE H. RIPPY, OWNER, 12/01/04	

Forward to District Office

CCP Tracking Milestones

CCP

* Current Status

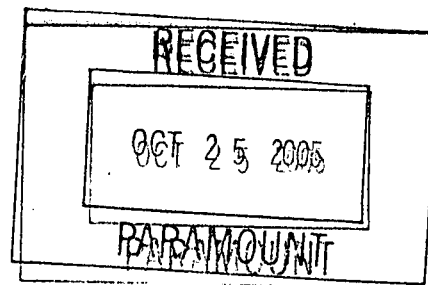
H

Report Year	2003
Package Received Date	2/18/200
Correction Notice Sent Date	
Correction Received Date	

Next CCP Due

Cal-ARP section --

RS : No



Unified Program (UP) Form **CONSOLIDATED CONTINGENCY PLAN**

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. Site Plan: This drawing shall contain, at a minimum, the following information:

- a. Site Orientation (north, south, etc.);
- b. Approximate scale (e.g. "1 inch = 10 feet");
- c. Date the map was drawn;
- d. Locations of all buildings and other structures;
- e. Parking lots and internal roads;
- f. Hazardous materials loading/unloading areas;
- g. Outside hazardous materials storage or use areas;
- h. Storm drain and sanitary sewer drain inlets;
- i. Wells for monitoring of underground tank systems;
- j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- k. Adjacent property use;
- l. Locations and names of adjacent streets and alleys;
- m. Access and egress points and roads.

2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:

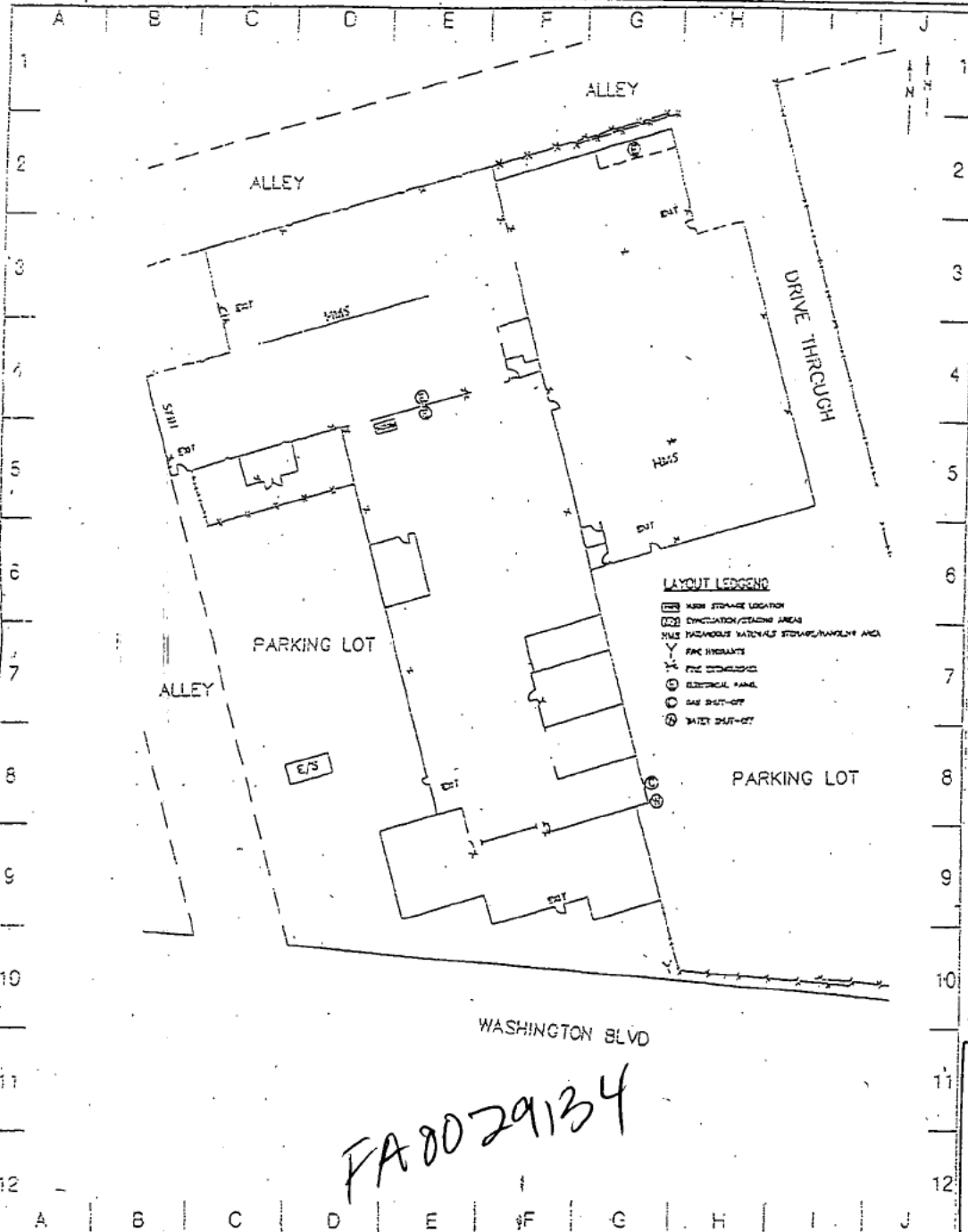
- a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. *individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3", "A", "B", "C", etc.);
- c. Entrances to and exits from each building and hazardous material/waste room/area;
- d. Location of each utility emergency shut-off point (i.e. *gas, water, electric*);
- e. Location of each monitoring system control panel (e.g. *underground tank monitoring, toxic gas monitoring, etc.*).

3. Map Legend

Item and/or Description	Location Code (LC)
MSDS STORAGE LOCATION	MSDS
EVACUATION/STAGING AREA	E / S
HAZARDOUS MATERIAL STORAGE/HANDLING AREA	HMS
FIRE HYDRANTS	Y
FIRE EXTINGUISHERS)----(
ELECTRICAL PANEL	(E)
GAS SHUT OFF	(G)
WATER SHUT OFF	(W)

SITE MAP

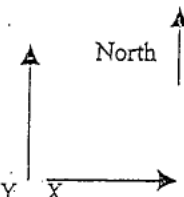
BUSINESS NAME FRED R. RIPPY, INC.		3	
SITE ADDRESS 12471 EAST WASHINGTON BLVD.		103	CITY WHITTIER 104
		ZIP CODE 90602 105	
DATE MAP DRAWN	MAP #	FACILITY ID # 29134* WHIT* 19-999-00530	



- For Site Map
- Scale of Map
 - Loading Areas
 - Parking Lots
 - Internal Roads
 - Storm and Sewer Drains
 - Adjacent Property Use
 - Locations and Names of Adjacent Streets and Alleys
 - Access and Egress Points and Roads
 - Primary and Alternate Evacuation Routes

- For Sub-Site Map
- Scale of Map
 - Location of Each Storage Area
 - Location of Each Hazardous Material Handling Area
 - Location of Emergency Response Equipment

Scale:
1" = ____ Ft.



RECEIVED

DEC 2 2004

HHMD

OFFICIAL USE ONLY				DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	FA	

Date run : 10/1/04 9:36:24AM
Run by : ajc_3001

FA0029134

Los Angeles County Fire Department

Owner/Operator Identification

Beginning Date: 1/1/2004 Ending Date: 12/31/2004

V091504

OWNER FILE INFORMATION

Please clearly make changes/corrections.

Owner ID: OW0029134
Owner Name: FRANCINE H RIPPY
Owner DBA: FRED R RIPPY INC
Owner Address: 12471 E WASHINGTON BLVD
WHITTIER, CA 90602
Work/Business Phone: 562-698-9801
Billing/Mailing Address: 12471 E WASHINGTON BLVD
WHITTIER, CA 90602
ATTN/Care of: CAROL CASTILLO

Dvr Lic No: State:
Tax ID : 95-2041097
Owner Date of Birth:

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ___ No ___

Facility ID: FA0029134
Facility Name: FRED R RIPPY INC
Site Location: 12471 E WASHINGTON BLVD
WHITTIER, CA 90602
Phone: 562-698-9801
Mailing Address: 12471 E WASHINGTON BLVD
WHITTIER, CA 90602
Operator/Care of: CAROL CASTILLO
SIC Code: 3469
Operating Hours: Days: M-F Hours: 6:30-3:00
Station: 028
E-Mail Address:
Nature of Business: MANUFACTURING

Date First Became Operational:

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: VIRGIL L VIG
12471 E WASHINGTON BLVD
WHITTIER CA 90602
Phone: 562-698-9801

Dun & Bradst.: 00-827-7394

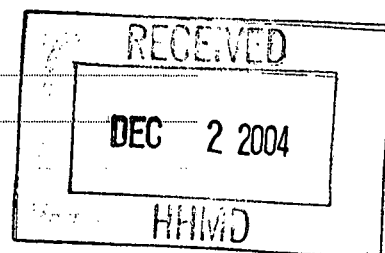
EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

SECONDARY CONTACT:

Name : VIRGIL VIG
Title : GENERAL MANAGER
Business Phone : 562-698-9801
24 - Hour Phone : 562-944-9550
Pager # : Not Specified

FRANCINE RIPPY
OWNER
562-698-9801
626-333-3614
Not Specified



ADDITIONAL INFORMATION

H 29-Jan-04

ASSESSORS PARCEL NUMBER - -

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer : Yuri Strauss

Signature of Owner/Operator : *Francine H Rippy*

Date: 12/1/04

Date: 9/30/04

Hazardous Materials Inventory Statement

Run By: jc_3001

Business Name: **FRED R RIPPY INC**
(Same as Facility Name or DBA) 12471 E WASHINGTON BLVD

WHITTIER

Last Reporting Date: 12/18/03

Page 1 of 1

Chemical Location: Unit # 2
(Building/Storage Area) **FIXED CONTAINERS AT SITE**Facility ID #: **FA0029134**

1.	2.	3.	4.	5.	6.	7.	8.	9.
Haz. Class	Grid Coordinate	Common Name	Hazardous Components (For mixture only) Trade Secret Chemical Name % Weight EHS CAS #	Type and Physical State	Quantities Max. Daily Average Daily Largest Cont.	Units	Storage Codes Storage Pressure Storage Temp.	Hazard Categories
		SAF WAY LUBE	SOLVENT-REFINED LIGHT NAPHTHENIC DISTILLATE MINERAL OIL	64741-97-5 8012-95-1	M M: Mix P: Pure W: Waste L L: Liquid S: Solid G: Gas	55 30 55.00 Curies: (If radioactive) Days On Site: 365 Storage Container: D	A A: Gallons B: Cu. Feet C: Pounds D: Tons Waste Code: 221 Amt: 15.0	Y fire reactive pressure rels. acute health chronic heal. radioactive
		PROPANE	<i>Components Not Necessary for Pure Chemical</i>		P M: Mix P: Pure W: Waste G L: Liquid S: Solid G: Gas	120 80 40.00 Curies: (If radioactive) Days On Site: 365 Storage Container: L	B A: Gallons B: Cu. Feet C: Pounds D: Tons Waste Code: Amt:	Y fire reactive pressure rels. acute health chronic heal. radioactive
		ACCUSTAMP VANISHING OIL	NAPHTHA: STODDARD SOLVENT SOLVENT-REFINED LIGHT NAPHTHENIC DISTILLATE MINERAL OIL	8052-41-3 64741-97-5 8012-95-1	M M: Mix P: Pure W: Waste L L: Liquid S: Solid G: Gas	165 110 55.00 Curies: (If radioactive) Days On Site: 365 Storage Container: D	A A: Gallons B: Cu. Feet C: Pounds D: Tons Waste Code: Amt:	Y fire reactive pressure rels. acute health chronic heal. radioactive
		OXYGEN	<i>Components Not Necessary for Pure Chemical</i>		P M: Mix P: Pure W: Waste G L: Liquid S: Solid G: Gas	154 154 154.00 Curies: (If radioactive) Days On Site: 365 Storage Container: L	B A: Gallons B: Cu. Feet C: Pounds D: Tons Waste Code: Amt:	Y fire reactive pressure rels. acute health chronic heal. radioactive
		ACETYLENE	<i>Components Not Necessary for Pure Chemical</i>		P M: Mix P: Pure W: Waste L L: Liquid S: Solid G: Gas	111 111 111.00 Curies: (If radioactive) Days On Site: 365 Storage Container: L	B A: Gallons B: Cu. Feet C: Pounds D: Tons Waste Code: Amt:	Y fire reactive pressure rels. acute health chronic heal. radioactive

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS STATE REPORTING PACKET

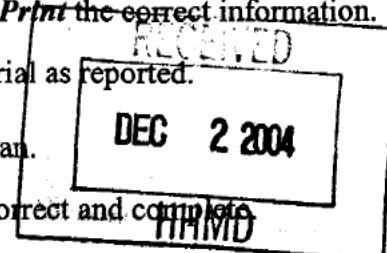
Enclosed is your latest Hazardous Materials Inventory Statement. Please carefully review it for accuracy. The requirements for submitting a Consolidated Contingency Plan have changed (see page *1). If you require assistance contact the Data Operations Unit at (323) 890-4000, Monday through Friday, 9:00 A.M. to 4:00 P.M.; For additional forms refer to our web site at www.lacofd.org/hazmat.htm

The Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31st deadline to avoid late fees. Sign and date the Annual Certification section below and keep a copy of the entire package for your records.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es).

- ☐ **Delete:** If you no longer handle the materials listed on the Inventory Statement provided *Write Delete* across the discontinued material.
- ☐ **Add:** If you are handling materials not previously disclosed *Make copies of the Chemical Description Form and complete all information required* (one form per chemical).
- ☐ **Revise/Update:** Cross out any errors on the Inventory Statement and *Clearly Print* the correct information.
- ☐ **No Change:** There has been no change in the quantity of any hazardous material as reported.
- ☐ **Change:** Mark this Box if you are updating the Consolidated Contingency Plan.
- ☐ **No Change:** Mark this Box if the Consolidated Contingency Plan on file is correct and complete.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also *complete* the Registration Substance Registration form. Complete only if substance is at or above threshold Quantity (TQ). A list of Regulated Substances is attached for reference.



THE SUBMITTAL OF THE HAZARDOUS MATERIALS STATE REPORTING FORMS CONTAIN ALL OF THE REQUIRED STATE AND FEDERAL INVENTORY INFORMATION AND SATISFIES THE REQUIREMENTS OF BOTH STATE AND FEDERAL REGULATIONS.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein is complete, accurate and up to date. Also, no hazardous materials subject to the inventory requirements of this chapter, (California Health & Safety Code Chapter 6.95) are being handled that are not listed on the most recently submitted annual inventory form.

Yuri Strauss
Print Name of Document Preparer

Francine H. Rippy
Print Name of Owner/Operator

Francine H. Rippy
Signature of Owner/Operator

12471 E. Washington Blvd. Whittier, CA 90602 12/1/04
Facility/Site Address Date

FA0029134
FRED R RIPPY INC
12471 E WASHINGTON BLVD

HHMD.HMSRF.PKG.FEB 2004



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS REPORTING REQUIREMENTS

WHO MUST REPORT? State Law requires disclosure by all businesses that handle a hazardous material or a mixture containing a hazardous material in a quantity at any one time during the reporting year equal to or greater than a total weight of 500 pounds, or a total volume of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas, or the threshold quantity (if less than 500 pounds) for Regulated Substances. A mixture that contains one percent (1%) or more of a hazardous ingredient is a hazardous material. A mixture that contains one tenth of one percent (.1%) or more of a carcinogen is a hazardous material. The *California Accidental Release Prevention (CalARP) Program* requires all Regulated Substance handlers to register with this Department. See below for specific information.

REPORTING MADE SIMPLE- The Los Angeles County Fire Department has simplified annual reporting. The Department will provide you with a computer printout of last year's hazardous materials inventory. Enclosed is your Hazardous Materials Inventory as it currently appears in our database.

CalARP PROGRAM- The California Accidental Release Prevention (CalARP) Program imposes additional requirements. If you handle Regulated Substances (RS) at or above a threshold quantity, you need to register. The enclosed *Regulated Substances List (Consolidated Federal and State Regulated Substances List)* replaced the Acutely Hazardous Materials (AHM) List and should be used to determine if your business is subject to the CalARP Program. Please note all flammables on the Regulated Substances List are reportable unless they are used as fuel. The reporting threshold for a regulated substance shall be determined by the quantity of the substance in a process, not the total quantity of the substance in a facility, as was previously done in the AHM Registration. Process means "any activity involving a" RS including any use, storage, manufacturing, handling, on-site movement or any combination thereof."

MANDATORY FOR REGULATED SUBSTANCE REGISTRATION- Any business that has above threshold quantities of a regulated substance in a process, shall fill out the Regulated Substance (RS) Registration found on the back of the Chemical Description Form. This registration will provide information to this Department to evaluate the requirements imposed by the CalARP Program on each covered process. If your business filled out one or more RS Registration Forms, it is recommended that you contact this Department or wait for further instructions before attempting to fulfill the requirements of the CalARP Program. All regulated businesses under the CalARP Program will be notified of the requirements accordingly.

EXEMPTIONS- A retail store, including the interior receiving and stockroom areas, that handles hazardous materials contained solely in a consumer product for direct distribution to and use by the general public is exempt from the State reporting requirements, unless the individual container size equals or exceeds the reportable quantities in State Law.

Warehouses, storage, and/or distribution sites with a reportable quantity of hazardous material are not exempt from the disclosure reporting requirements.

Hazardous materials that are stored while in transit or temporarily maintained in a fixed facility during the course of transportation are exempt from these requirements. However, railcars or tankers containing hazardous materials are not in transit if the mode of power (i.e. locomotive or tractor) is disconnected.

Railroad cars containing hazardous materials remaining within the same railroad facility or business facility for more than thirty (30) days are deemed stored at that location and are subject to all reporting requirements.

This Department, upon written application, may exempt a handler from any portion of the Business Plan and/or exempt a hazardous material from the Inventory Form, if it is determined this exemption does not pose a significant hazard to human health, safety, or the environment.

Reporting a Release or threatened release of hazardous materials, that poses a significant, present, or potential hazard to human health and safety, property, or the environment:

- 1) Call 911 for local emergency response personnel
- 2) notify this Department at (323) 890-4317 and,
- 3) then notify the Office of Emergency Services (800) 852-7550 or (916) 262-1621.

***CONSOLIDATED CONTINGENCY PLAN-** An initial, one time submittal of a CCP must be provided by all businesses handling hazardous materials equal to or above the threshold amounts. Subsequent revisions to the plan, upon your annual review, must be submitted along with the certification. The CCP is designed to identify emergency response plans and procedures for releases and threatened releases. The CCP also requires a training program on hazardous materials for employees on safety procedures in the event of a release or threatened release of hazardous materials.

SITE MAP- A site plan and storage map must be included with your CCP. For relatively small facilities, these documents may be combined into one drawing. These drawings are intended for use in emergency response situations, larger facilities should provide an overall site plan and a separate storage map for each building/storage area. Blue prints will not be accepted.

FACILITY MODIFICATIONS- If you are the owner or operator of a new facility or your facility is being modified in a way that results in any change to the safe operating limits or that introduces a new hazard, you must contact this Department as soon as possible. CalARP Program requirements may need to be met before start-up of new or modified operations.

VIOLATIONS AND FINES- Any business that violates any Health and Safety Code Sections that pertain to hazardous materials reporting may be civilly liable, for up to \$2,000 for each day of the violation. A violation of these provisions creates liability of up to \$5,000 for each day of the violation. Any person or business that, upon discovery of a release or threatened release, fails to immediately report to this Department, may be fined up to \$25,000 per day of violation and/or be sentenced up to one (1) year in County jail. Furthermore, if the violation results in, or significantly contributes to, an emergency, including a fire, to respond, to which the county or city is required to respond, the person shall also be assessed the full cost of the county or city emergency response, as well as the cost of cleaning up and disposing of the hazardous material. (Section 25515).

HAZARDOUS MATERIALS DEFINITIONS

HAZARDOUS MATERIALS are those chemicals or substances which exhibit physical or health hazards, whether the materials are in a usable or waste state.

PHYSICAL HAZARD - is a chemical of which there is scientifically valid evidence that it is a (an):

Blasting agent
Combustible liquid
Compressed gas
Cryogenic
Explosive
Flammable gas
Flammable liquid
Flammable solid
Oxidizer
Pyrophoric
Unstable (reactive)
Water-reactive

HEALTH HAZARD - is a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed persons. The term "health hazard" includes chemicals which are:

Carcinogens
Corrosives
Etiologic agents
Highly toxic (including poison)
Irritants
Target organ toxins
Radioactives

FOR ASSISTANCE: Contact this Department Monday through Friday 9:00 AM to 4:00 PM.

Los Angeles County Fire Department
Health Hazardous Materials Division
Data Operations Unit
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4000

TO SPEAK TO OR MAKE AN APPOINTMENT WITH AN INSPECTOR, PLEASE CALL BETWEEN 8:00 AM- 10:00 AM AT ANY OF THE FOLLOWING FIELD OFFICES..

San Gabriel Valley Office
5110 North Peck Rd.
El Monte, CA 91732
(626) 450-7450

Southeast Office
7300 Alondra Blvd
Paramount, CA 90723
(562) 790-1810

Central Office
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4107

North County Office
14425 Olive View Dr
Sylmar, CA 91342
(818) 364-7120

Southwest Office
24330 Narbonne Ave.
Lomita, CA 90717
(310) 534-6270

West Office
6167 Bristol Parkway #220
Culver City, CA 90230
(310) 348-1781

California Accidental Release Prevention Program Unit
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4035

FEE: This Department collects an annual hazardous materials fee in an amount sufficient to pay those costs incurred in carrying out the provisions of Chapter 6.95 of the California Health and Safety Code. The fee is based on the volume and degree of hazard potential of the hazardous materials handled by the businesses.

Do not send annual fee monies to the Los Angeles County Fire Department at this time. Your bill will be handled separately and will include mailing instructions.

NOTE: Hazardous Materials Inventory Chemical Description Forms and the Regulated Substance Registration Forms may be reproduced. Please feel free to make as many copies as needed to comply with the annual reporting requirements.

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE 08 / 01 / 2004)

PAGE 1 OF 2

I. IDENTIFICATION

FACILITY ID#	1 9 9 9 9 0 0 5 3 0 9	BEGINNING DATE	2005/01/01	ENDING DATE	2005/12/31
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)				BUSINESS PHONE	
FRED R. RIPPY, INC.				562-698-9801	
BUSINESS SITE ADDRESS					
12471 E. WASHINGTON BLVD.					
CITY WHITTIER			CA	ZIP CODE 90602	
DUN & BRADSTREET 008277394			SIC CODE (4 digit #) 3469		
COUNTY LOS ANGELES			UNINCORPORATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
BUSINESS OPERATOR NAME			BUSINESS OPERATOR PHONE		
FRANCINE H. RIPPY			562-698-9801		

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE
FRANCINE H. RIPPY	562-698-9801
OWNER MAILING ADDRESS	
12471 E. WASHINGTON BLVD.	
CITY WHITTIER	STATE CA ZIP CODE 90602

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE
VIRGIL L. VIG	562-698-9801
CONTACT MAILING ADDRESS	
12471 E. WASHINGTON BLVD.	
CITY WHITTIER	STATE CA ZIP CODE 90602

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	NAME
VIRGIL L. VIG	FRANCINE H. RIPPY
TITLE	TITLE
GENERAL MANAGER	OWNER
BUSINESS PHONE 562-698-9801	BUSINESS PHONE 562-698-9801
PAGER #	24-HOUR PHONE
	PAGER #

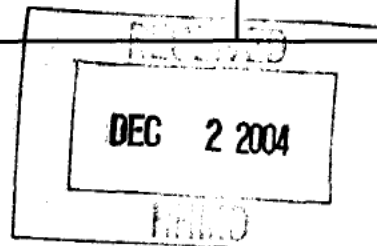
V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES 32	FEDERAL TAX IDENTIFICATION NUMBER 95-2041097		
MAILING/ BILLING INFORMATION			
ADDRESS	CITY	STATE	ZIP CODE
12471 E. WASHINGTON BLVD.	WHITTIER	CA	90602

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
<i>* Francine H. Rippy</i>	12/01/2004	YURI E. STRAUSS
NAME OF SIGNER (print)	TITLE OF SIGNER	
*FRANCINE H. RIPPY	CEO	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION				



Business Owner/Operator Identification (formerly OES Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
100. **BEGINNING DATE** Enter the beginning year and date of the report. (YYYYMMDD, ex. 1999/07/01)
101. **ENDING DATE** Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/06/30)
102. **BUSINESS PHONE** Enter the phone number, area code first, and any extension.
103. **BUSINESS SITE ADDRESS** Enter the street address where the facility is located. No post office box numbers are allowed.
104. **CITY** Enter the city or unincorporated area in which the business site is located.
105. **ZIP CODE** - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. **DUN & BRADSTREET** Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (810) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. **SIC CODE** Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. **COUNTY** Enter the county in which the business site is located.
109. **BUSINESS OPERATOR NAME** Enter the name of the business operator.
110. **BUSINESS OPERATOR PHONE** Enter business operator's phone number including any extension, if different from the business phone.
111. **OWNER NAME** Enter name of the business owner, if different from the business operator.
112. **OWNER PHONE** Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. **OWNER MAILING ADDRESS** Enter the owner's mailing address if different from the business site address.
114. **OWNER CITY** Enter the name of the city for the owner's mailing address.
115. **OWNER STATE** Enter the 2 character state abbreviation for the owner's mailing address.
116. **OWNER ZIP CODE** Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. **ENVIRONMENTAL CONTACT NAME** Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. **CONTACT PHONE** Enter the phone number at which the environmental contact can be contacted including any extension.
119. **CONTACT MAILING ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent.
120. **CITY** Enter the name of the city for the environmental contact's mailing address.
121. **STATE** Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. **ZIP CODE** Enter the zip code for the environmental contact's mailing address. The extra 4 digit s in the zip code may also be added.
123. **PRIMARY EMERGENCY CONTACT NAME** Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. **TITLE** Enter the title of the primary emergency contact.
125. **BUSINESS PHONE** Enter the business number for the primary emergency contact, area code first, and any extensions.
126. **24-HOUR PHONE** Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. **PAGER NUMBER** Enter the pager number for the primary emergency contact, if available.
128. **SECONDARY EMERGENCY CONTACT NAME** Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. **TITLE** Enter the title of the secondary emergency contact.
130. **BUSINESS PHONE** Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. **24-HOUR PHONE** Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. **PAGER NUMBER** Enter the pager number for the secondary emergency contact, if available.
- 133a. **UNINCORPORATED AREA** Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. **NUMBER OF EMPLOYEES** Enter the number of employees working at your facility.
- 133c. **TAX IDENTIFICATION NUMBER (TIN)** Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133d. **MAILING/BILLING ADDRESS** Enter the address that all correspondence and bills should be sent.
- 133e. **MAILING/BILLING CITY** Enter the city for the mailing/billing address.
- 133f. **MAILING/BILLING STATE** Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. **MAILING/BILLING ZIP CODE** Enter the zip code for the mailing/billing address. The extra 4 digit s in the zip code may also be added.
134. **DATE** Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
135. **NAME OF DOCUMENT PREPARER** Enter the full name of the person who prepared the inventory submittal information.
136. **NAME OF SIGNER** Enter the full printed name of the person signing the page.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE** The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. **TITLE OF SIGNER** Enter the title of the person signing the page.

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME FRED R. RIPPY, INC.	3	FACILITY ID # 1 19-999-005309	
SITE ADDRESS 12471 E. WASHINGTON BLVD.	103	CITY WHITTIER	104
		ZIP CODE	105 90602

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

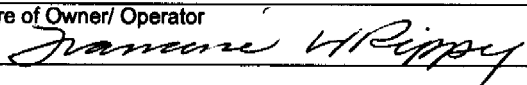
- ⊗ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ⊗ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ⊗ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

SOUTH WEST CORNER BY RECEIVING OFFICE ON BULLETIN BOARD

PLAN CERTIFICATION	
<i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i>	
Printed Name of Owner/ Operator *FRANCINE H. RIPPY	Title of Owner/Operator OWNER/CEO
Signature of Owner/ Operator * 	Date 12/01/2004

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY			DATE RECEIVED	REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ⊗ the plan fails in an emergency,
- ⊗ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ⊗ the list of emergency coordinators changes, or
- ⊗ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME FRED R. RIPPY, INC.		3	FACILITY ID # 1 19-999-005309
SITE ADDRESS 12471 E. WASHINGTON BLVD.		103	CITY WHITTIER
		104	ZIP CODE 90602
II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME CAROL CASTILLO	123	NAME YURI STRAUSS	128
TITLE CONTROLLER	124	TITLE SAFETY COORDINATOR	129
BUSINESS PHONE 562-698-9801	125	BUSINESS PHONE 562-698-9801	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
III. EMERGENCY RESPONSE PLANS AND PROCEDURES			
A. Notifications			
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911			
AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services. Local Unified Program Agency: (323) 890 - 4317 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802			
Information to be provided during Notification:			
☐ Your Name and the Telephone Number from where you are calling. ☐ Exact address of the release or threatened release. ☐ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.) ☐ Material and quantity of the release, to the extent known. ☐ Current condition of the facility. ☐ Extent of injuries, if any. ☐ Possible hazards to public health and/ or the environment outside of the facility.			
B. Emergency Medical Facility			
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material			
HOSPITAL/CLINIC: PRESBYTERIAN INTERCOMMUNITY HOSPITAL		PHONE NO: 562-698-0811	
ADDRESS: 12401 WASHINGTON BLVD.			
CITY: WHITTIER		ZIP CODE: 90602	

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

NAME OF CONTRACTOR:

PHONE NO:

ADDRESS:

CITY:

ZIP CODE:

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

NONE

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

☒ Verbal ☒ Telephone (including cellular) ☐ Alarm System ☐ Public Address System ☐ Intercom
☐ Pagers ☐ Portable Radio ☒ Other (specify): LONG CONTINUOUS BLAST OF BUZZER

2. ☒ Evacuation map is prominently displayed throughout the facility.

3. ☒ Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:
CAROL CASTILLO

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☐ Hazardous Waste/ Hazardous Materials Storage Areas ☒ Production Floor ☐ Process Lines
☐ Bench/ Lab ☐ Waste Treatment ☐ Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☐ Utilities ☐ Sprinkler Systems ☐ Cabinets ☒ Shelves
☒ Racks ☐ Pressure Vessels ☐ Gas Cylinders ☐ Tanks
☐ Process Piping ☐ Shutoff Valves ☐ Other:

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G.	Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:	
1.	PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures. ACCUSTAMP AND SAF-WAY OILS MAY CAUSE MILD IRRITATION TO SKIN; ALL EMPLOYEES ARE INSTRUCTED IN PROPER USE AND HANDLING ACETYLENE, PROPANE, AND OXYGEN. INHALATION/ASPHYXANT. FIRE RESTRICTED TO 1 OR 2 EXPERIENCED EMPLOYEES ONLY
2.	MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business? ACCUSTAMP AND SAF-WAY LUBE - PRODUCT IS STORED IN CLOSED CONTAINERS. SPILL CONTAINING EQUIPMENT IS AVAILABLE TO DIKE AREA TO CONTAIN SPILL. ACETYLENE, PROPANE AND OXYGEN - STORED IN COOL WELL VENTILATED AREA. SHUT OFF FLOW IF WITHOUT RISK.
3.	ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility? ACCUSTAMP AND SAF-WAY LUBE - RECOVER SPILL WITH ABSORBENT MATERIAL. PLACE IN SEALED CONTAINER. DISPOSE FOLLOWING MATERIAL SAFETY DATA SHEET INSTRUCTIONS. ACETYLENE, PROPANE AND OXYGEN - REMOVE ALL SOURCES OF IGNITION IF WITHOUT RISK. REDUCE VAPORS WITH FOG OR FINE WATER SPRAY.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input checked="" type="checkbox"/> Cartridge Respirators	7-F	STANDARD ISSUE
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	7-F	RUBBER/STANDARD ISSUE
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input checked="" type="checkbox"/> Face Shields	7-E	
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	8-G, 6-4-F, 4-B	INSTALLED / STANDARD ISSUE
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)	8-G	15 MIN. RINSE/PORTABLE EYEWASH STATION
	<input checked="" type="checkbox"/> Respirator Cartridges (describe)	7-F	STANDARD ISSUE/BLACK (ORGANIC VAPORS)
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles		SAFETY GLASSES FOR EMPLOYEES
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other (describe)		
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sptinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	SITE MAP	16 ABC WALL UNITS
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	8-G, 3-D	SOC's OIL 3"X4' PIG-TAIL, PADS, AND SAW-DUST
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
	<input type="checkbox"/> Other (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones		TELEPHONES AND CELLULAR PHONES
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input checked="" type="checkbox"/> Other (describe)		BUZZER
Additional Equipment (Use Additional Pages if Needed.)			

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

☐	Familiarity with all plans and procedures specified in the Contingency Plan.
☐	Methods for Safe Handling of Hazardous Materials.
☐	Safety procedures in the event of a release or threatened release of a hazardous material.
☐	Use of Emergency Response equipment and supplies under the control of the business.
☐	Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ☐ Initially for all new employees.
- ☐ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ☐ Internal alarm/notification procedures.
- ☐ Evacuation/re-entry procedures and assembly point locations.
- ☐ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING	
☐	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
☐	Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION	
The owner or operator must maintain the following documents and records at the facility:	
☐	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
☐	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
☐	Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
☐	Records that document that the requirements for training or job experience have been met.
☐	Current employees' training records (to be retained until closure of the facility).
☐	Former employees' training records (to be retained at least three years after termination of employment).

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

INTENTIONALLY LEFT BLANK

II. HAZARDOUS MATERIALS SECTION

*To be completed by all businesses that handle hazardous materials
and/or regulated substances
(including extremely hazardous substances)*

Be advised that appropriate signatures must be provided on forms.

This section includes:

☐ HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS#, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600.

Facilities reporting chemicals subject to EPCRA (the Federal Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact US EPA at (800) 535-0202 or visit US EPA's EPCRA website at <http://www.epa.gov/opptintr/tri/>.

☐ REGULATED SUBSTANCE REGISTRATION FORM

One chemical per page. Make photocopies as necessary.

IF YOU HANDLE REGULATED SUBSTANCES (RS) AT OR ABOVE THRESHOLD QUANTITIES, YOU MUST SUBMIT A RS REGISTRATION FOR EACH RS PER EACH PROCESS.

☐ REGULATED SUBSTANCE LIST

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
Hazardous Materials Inventory - Chemical Description (LACoCUPA Form 2731)

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which 10 CFR Parts 30, 40, or 70 require an emergency plan. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. **FACILITY ID NUMBER:** This number is assigned by the CUPA. This is the unique number, which identifies your facility.
3. **BUSINESS NAME:** Enter the full legal name of the business.
200. **ADD/DELETE/ REVISE:** Indicate if the material is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. **NOTE:** You may choose to leave this blank if you resubmit your entire inventory annually.
201. **CHEMICAL LOCATION:** Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. **NOTE:** This information is not subject to public disclosure pursuant to HSC § 25506.
202. **CHEMICAL LOCATION CONFIDENTIAL - EPCRA:** All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
203. **MAP NUMBER:** If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. **GRID NUMBER:** If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
205. **CHEMICAL NAME:** Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). **NOTE:** If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
206. **TRADE SECRET:** Check "Yes" if the information in this section is declared a trade secret or "No" if it is not.
 State requirement: If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. Federal requirement: If yes and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207. **COMMON NAME:** Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. **EHS:** Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. **CAS #:** Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
210. **FIRE CODE HAZARD CLASSES:** This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
211. **HAZARDOUS MATERIAL TYPE:** Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
212. **RADIOACTIVE:** Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. **CURIES:** If the material is radioactive, report the activity in curies. Use up to nine digits with a floating decimal point to report activity in curies.
214. **PHYSICAL STATE:** Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. **LARGEST CONTAINER:** Enter the total capacity of the largest container in which the material is stored.
216. **FEDERAL HAZARD CATEGORIES:** Check all categories that describe the physical and health hazards associated with the hazardous material. Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.
Pressure Release: Explosives, Compressed Gases, and Blasting Agents.
Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short-term exposure.
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.
Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
217. **AVERAGE DAILY AMOUNT:** Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. **MAXIMUM DAILY AMOUNT:** Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. **ANNUAL WASTE AMOUNT:** If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. **STATE WASTE CODE:** If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
221. **UNITS:** Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons.
NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. **DAYS ON SITE:** List the total number of days during the year that the material is on site.
223. **STORAGE CONTAINER:** Check all boxes that describe the type of storage containers in which the hazardous material is stored.
NOTE: If appropriate, you may choose more than one.
224. **STORAGE PRESSURE:** Check the one box that best describes the pressure at which the hazardous material is stored.
225. **STORAGE TEMPERATURE:** Check the one box that best describes the temperature at which the hazardous material is stored.
226. **HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT):** Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)
227. **HAZARDOUS COMPONENTS 1-5 NAME:** When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
228. **HAZARDOUS COMPONENTS 1-5 EHS:** Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
229. **HAZARDOUS COMPONENTS 1-5 CAS:** List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
246. **LOCALLY COLLECTED INFORMATION:** Contact your local agency about if they require additional hazardous materials inventory information.
- 246a. **RS - Check "Yes" if the hazardous material is a Regulated Substance (RS) under the CalARP Program and listed on the attached CalARP Program Regulated Substance list.**
- 246b. **RS - HAZARDOUS COMPONENTS 1-5 RS:** Check "Yes" if the component of the mixture is considered an RS.



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (LACoCUPA FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 200 Page 1 of 5

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
FRED R. RIPPY, INC.

CHEMICAL LOCATION

BACK OF SHOP - NORTHWEST CORNER

CHEMICAL LOCATION CONFIDENTIAL
(EPCRA) ☐ YES ☒ NO

FACILITY ID #

1 9

9

9

9

0

0

5

3

0

9

MAP# (optional)

GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME

SAF-WAY LUBRICANT

TRADE SECRET

☐ Yes ☒ No

If Subject to EPCRA, refer to instructions

COMMON NAME

EHS* ☐ Yes ☐ No

RS* ☐ Yes ☐ No

CAS# 64741-97-5

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL
TYPE (Check one item only)

☐ a. PURE

☒ b. MIXTURE

☐ c. WASTE

RADIOACTIVE ☐ Yes ☒ No

CURIES

PHYSICAL STATE
(Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

LARGEST CONTAINER 55 GAL.

FED HAZARD CATEGORIES
(Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

30 GAL.

MAXIMUM DAILY AMOUNT

55 GAL

ANNUAL WASTE AMOUNT

15 GAL

STATE WASTE CODE

F001

UNITS*

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

(Check one item only)

* If EHS or RS, amount must be in pounds.

DAYS ON SITE:

365

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK

☐ e. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAIL CAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

☒ d. STEEL DRUM

☐ h. SILO

☐ l. CYLINDER

☐ p. TANK WAGON

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

RS

CAS #

1 VARIABLE

MINERAL OIL

227

☐ Yes ☒ No

228

☐ Yes

64741-97 5

229

2

230

231

☐ Yes ☐ No

232

☐ Yes

233

3

234

235

☐ Yes ☐ No

236

☐ Yes

237

4

238

239

☐ Yes ☐ No

240

☐ Yes

241

5

242

243

☐ Yes ☐ No

244

☐ Yes

245

If more hazardous components are present at or greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (LACoCUPA FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 200 Page 2 of 5

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
FRED R. RIPPY, INC.

CHEMICAL LOCATION
SOUTHWEST CORNER OF WAREHOUSE

201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID #

1 9 9 9 9 0 0 5 3 0 9

MAP# (optional)

GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME
ACETYLENE

205 TRADE SECRET ☐ Yes ☒ No 206

If Subject to EPCRA, refer to instructions

COMMON NAME

207 EHS* ☐ Yes ☐ No 208 RS* ☐ Yes ☐ No 246a

CAS# 74-86-2

209 *If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE

RADIOACTIVE ☐ Yes ☒ No

CURIES

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 111 CU FT

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☒ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

111 CU FT

MAXIMUM DAILY AMOUNT

111 CU FT

ANNUAL WASTE AMOUNT

STATE WASTE CODE

F001

UNITS* ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
(Check one item only) * If EHS or RS, amount must be in pounds.

221 DAYS ON SITE:
365

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

RS

CAS #

1

226

227

☐ Yes ☐ No

228

☐ Yes

229

2

230

231

☐ Yes ☐ No

232

☐ Yes

233

3

234

235

☐ Yes ☐ No

236

☐ Yes

237

4

238

239

☐ Yes ☐ No

240

☐ Yes

241

5

242

243

☐ Yes ☐ No

244

☐ Yes

245

If more hazardous components are present at or greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (LACoCUPA FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 200 Page 3 of 5

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
FRED R. RIPPY, INC.

CHEMICAL LOCATION

NORTHWEST CORNER OF SHOP

201

CHEMICAL LOCATION CONFIDENTIAL
(EPCRA) ☐ YES ☒ NO

202

FACILITY ID #

1 9 9 9 9 0 0 5 3 0 9

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

ACCUSTAMP VANISHING OIL

205

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS* ☐ Yes ☐ No

208

RS* ☐ Yes ☐ No

246a

CAS#

209

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL
TYPE (Check one item only)

☐ a. PURE

☒ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE ☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE
(Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

214

LARGEST CONTAINER 55 GAL

215

FED HAZARD CATEGORIES
(Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

110 GAL

MAXIMUM DAILY AMOUNT

218

155 GAL

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

F001

UNITS*

(Check one item only)

☒ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

221

* If EHS or RS, amount must be in pounds.

DAYS ON SITE:

222

365

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK

☐ e. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAIL CAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

☒ d. STEEL DRUM

☐ h. SILO

☐ l. CYLINDER

☐ p. TANK WAGON

223

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

RS

246b

CAS #

1 VARIABLE

ALIPHATIC HYDROCARBON

227

☐ Yes ☒ No

228

☐ Yes

8052-41-3

229

2 VARIABLE

MINERAL OIL

231

☐ Yes ☒ No

232

☐ Yes

64741-97-5

233

3

234

235

☐ Yes ☐ No

236

☐ Yes

237

4

238

239

☐ Yes ☐ No

240

☐ Yes

241

5

242

243

☐ Yes ☐ No

244

☐ Yes

245

If more hazardous components are present at or greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (LACoCUPA FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 200 Page 4 of 5

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
FRED R. RIPPY, INC.

CHEMICAL LOCATION

SOUTHWEST CORNER OF WAREHOUSE

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

FACILITY ID #

1 9 9 9 9 0 0 5 3 0 9

MAP# (optional)

GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME

OXYGEN

TRADE SECRET ☐ Yes ☒ No

If Subject to EPCRA, refer to instructions

COMMON NAME

EHS* ☐ Yes ☐ No RS* ☐ Yes ☐ No

CAS#

*If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE

RADIOACTIVE ☐ Yes ☒ No

CURIES

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER 154 CU FT

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

154 CU FT

MAXIMUM DAILY AMOUNT

154 CU FT

ANNUAL WASTE AMOUNT

STATE WASTE CODE

F001

UNITS* ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
(Check one item only) * If EHS or RS, amount must be in pounds.

DAYS ON SITE:

365

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

RS

CAS #

1

226

227

☐ Yes ☐ No

228

☐ Yes

229

2

230

231

☐ Yes ☐ No

232

☐ Yes

233

3

234

235

☐ Yes ☐ No

236

☐ Yes

237

4

238

239

☐ Yes ☐ No

240

☐ Yes

241

5

242

243

☐ Yes ☐ No

244

☐ Yes

245

If more hazardous components are present at or greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (LACoCUPA FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 200 Page 5 of 5

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
FRED R. RIPPY, INC.

CHEMICAL LOCATION
WAREHOUSE - NORTHEAST CORNER

201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # 1 9 9 9 9 0 0 5 3 0 9

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME
PROPANE

205 TRADE SECRET ☐ Yes ☐ No 206

If Subject to EPCRA, refer to instructions

COMMON NAME

207 EHS* ☐ Yes ☐ No 208

RS* ☐ Yes ☐ No 246a

CAS# 74-98-6

209 *If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE

☐ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE ☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☐ b. LIQUID

☒ c. GAS

214

LARGEST CONTAINER 40 LBS CYLINDER

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT
80 LBS

217 MAXIMUM DAILY AMOUNT
120 LBS

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

UNITS* (Check one item only) ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS

* If EHS or RS, amount must be in pounds.

221 DAYS ON SITE:

365

222

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

☐ a. ABOVEGROUND TANK

☐ e. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAIL CAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

☐ d. STEEL DRUM

☐ h. SILO

☒ l. CYLINDER

☐ p. TANK WAGON

223

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

RS

CAS #

1

226

227

☐ Yes ☐ No

228

☐ Yes

229

2

230

231

☐ Yes ☐ No

232

☐ Yes

233

3

234

235

☐ Yes ☐ No

236

☐ Yes

237

4

238

239

☐ Yes ☐ No

240

☐ Yes

241

5

242

243

☐ Yes ☐ No

244

☐ Yes

245

If more hazardous components are present at or greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

(Facilities reporting chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

This page is to be completed for a Stationary Source that handles a Regulated Substance (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Regulated Substances) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory - Chemical Description page and a Regulated Substance Registration for each Regulated Substance per process. Contact your local agency (CUPA or PA) for any additional assistance.

Note: A list of Federal and State Regulated Substances is attached for your reference.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This unique number identifies your facility.
- 246c. EPA FACILITY ID NUMBER Enter your facility's unique 12-character EPA identification number issued by the USEPA.
3. BUSINESS NAME Enter the full legal name of the business.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross-referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.
- 107a. PROCESS SIC CODE Enter the specific *Standard Industrial Classification Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).
208. EPCRA SECTION 355 Check "Yes" if the stationary source is subject to Part 355 of Title 40 of CFR.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material.
- 218a. MAXIMUM DAILY AMOUNT Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.
221. UNITS IN POUNDS Leave this box blank. Note: All Regulated Substances must be reported in pounds to two significant digits.
- 246d. PROGRAM LEVEL Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
- 246e. NAME OF CORPORATE PARENT COMPANY Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
- 246f. PERSON RESPONSIBLE FOR RMP Enter the name of the person designated as responsible for the RMP.
- 246g. PERSON RESPONSIBLE FOR RMP - TITLE Enter the title of the person designated as responsible for the RMP.
- 246h. LATITUDE Enter the degrees of latitude where the chemical process is located. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid latitudes for LA County range from 33°17'53"N to 34°49'14"N. Be sure the latitude fits this range.
- 246i. LONGITUDE Enter the degrees of longitude where the chemical process is located. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid longitudes for LA County range from 117°38'39"W to 118°56'39"W. Be sure the latitude fits this range.
- 246j. NUMBER OF EMPLOYEES The number of full time employees at the stationary source.
- 246k. CAA TITLE V State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."
- 246l. OSHA PSM The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. *Note:* This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."
- 246m. LAST SAFETY INSPECTION Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc.) that performed the inspection.
- 246n. PROCESS DESCRIPTION Describe the *process* and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). *Note:* Any group of interconnected vessels or separate vessels, located such that a regulated substance could be involved in a potential release, is considered a single process.
- 246o. PRINCIPAL EQUIPMENT List the equipment and/or components used in the process involving the Regulated Substance.
- 246p. NAME OF OWNER / OPERATOR The full name of the owner/operator who signed the registration page.
- 246q. TITLE Enter the title of the person signing the page.
- 246r. DATE Enter the date the page was signed.



UNIFIED PROGRAM (UP) FORM CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME		3	
FACILITY ID#	EPA FACILITY ID #	246c	PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
NAME OF CORPORATE PARENT COMPANY		246e	DUN & BRADSTREET
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)		246f	TITLE
LATITUDE	246h	LONGITUDE	246i
NUMBER OF EMPLOYEES		246j	PROCESS SIC
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? <input type="checkbox"/> YES <input type="checkbox"/> NO		208	DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM)? <input type="checkbox"/> YES <input type="checkbox"/> NO		246l	LAST SAFETY INSPECTION DATE AGENCY
CHEMICAL NAME		205	CAS#
MAXIMUM DAILY AMOUNT		218a	POUNDS
PROCESS DESCRIPTION			
PRINCIPAL EQUIPMENT			
CERTIFICATION			
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.			
OWNER/OPERATOR NAME		246p	OWNER/OPERATOR TITLE
OWNER/OPERATOR SIGNATURE		DATE	246r

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA